



JUN 14 2004

PTO/SB/21 (02-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/803,165
Filing Date	March 9, 2001
First Named Inventor	SOBEK, Harald
Art Unit	1635
Examiner Name	Jane J. Zara
Attorney Docket Number	022101-001600US

022101-001600US

**ENCLOSURES (Check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | <input type="checkbox"/> Return Postcard   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              |   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

Remarks      The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

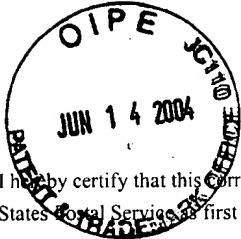
Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 47,651
Signature		
Date	June 9, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Joy M. Marshall		
Signature		Date	June 9, 2004

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**PATENT**  
Attorney Docket No.: 022101-001600US  
Client Ref. No.: 19017-US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On June 9, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Joy M. Marshall

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Harald Sobek, et al.

Application No.: 09/803,165

Filed: March 9, 2001

For: MUTANT B-TYPE DNA  
POLYMERASES EXHIBITING  
IMPROVED PERFORMANCE IN PCR

Customer No.: 20350

Confirmation No. 4735

Examiner: Jane J. Zara

Technology Center/Art Unit: 1635

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 9, 2004, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.